

# Appendix B Census Reporting Form

Budget Bureau No. 41-66132; Approval Expires July 30, 1968

<b>NOTICE</b> - Response to this inquiry is required by law (Title 13 U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.		FORM TC-200A (10-14-66)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
<b>1967 CENSUS OF TRANSPORTATION TRUCK INVENTORY AND USE SURVEY</b>					
<b>INSTRUCTIONS</b>  In correspondence pertaining to this report, please include State and license number.  Furnish make, year model, State, and weight of vehicle if not shown. If the license plates were on a vehicle other than the one described below give description of the vehicle currently registered.  Return the form to the Bureau of the Census, Washington, D.C., 20233, in the enclosed envelope which requires no postage, not later than <b>twenty (20) days</b> after receipt.		<div style="display: flex; justify-content: space-between;"> <span>1</span> <span>Please correct if name or address has changed</span> <span>2</span> </div>			
<b>1. VEHICLE IDENTIFICATION</b>					
Make	Year model	Registered weight or capacity	State	License No.	
3	4	5			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>2. OWNERSHIP OF VEHICLE</b>            On April 1, 1967, were you the owner (or license holder) of the vehicle identified in item 1 (even though you may have sold, traded or otherwise disposed of it after April 1, 1967)?             1 <input type="checkbox"/> Yes - Go to Question 3            2 <input type="checkbox"/> No - Disposed of BEFORE April 1, 1967                ↓                When did you sell, trade, or otherwise dispose of the vehicle? _____ Month                If "No," sign on page 4 and return questionnaire         </div> <div style="width: 50%;"> <b>3. ACQUISITION OF VEHICLE</b>             How did you acquire this vehicle?             1 <input type="checkbox"/> Purchased new            2 <input type="checkbox"/> Purchased used            3 <input type="checkbox"/> Leased from someone else         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4. BASE OF OPERATION</b>            a. What was the principal place from which the vehicle was operated?            City or town             County _____ State _____            b. Was this vehicle operated almost entirely in the State named in 4a?             1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No         </div> <div style="width: 50%;"> <b>5. NUMBER OF TRUCKS, TRUCK-TRACTORS AND TRAILERS OPERATED FROM "BASE OF OPERATIONS"</b>             How many trucks, truck-tractors, and trailers were you operating out of the city or town named in 4a as of April 1, 1967? (Report total number including the vehicle which you have been describing on this questionnaire.)         </div> </div>					
Total				11	
Trucks . . . . .				12	
Truck-tractors . . . . .				13	
Trailers (semi- and full-trailers). . . . .				14	
<b>6. LEASED TO OTHERS WITHOUT DRIVER</b> During the past 12 months, did you use this vehicle MOSTLY for leasing or renting (without driver) to others? 1 <input type="checkbox"/> No - Go to Q.7 2 <input type="checkbox"/> Yes - Was this vehicle usually leased or rented for periods of: 1 <input type="checkbox"/> Less than 30 days? - Go to Q.10 2 <input type="checkbox"/> 30 days or longer? - Go to Q.7					
15					

**7. MAJOR USE OF THE TRUCK OR COMBINATION (Mark (X) one box)**

How was the vehicle mostly used during the past 12 months?

(If the vehicle was leased to someone else (without driver) for periods of 30 days or more, mark (X) the box that describes the business of the person or company to whom you leased the vehicle the longest time.)

- |  |  |
|--|--|
| <p style="text-align: right;"><b>16</b></p> <p>01 <input type="checkbox"/> For personal transportation — Used in place of an automobile to go from home to work; for outdoor recreation; camping; fishing; etc. — <i>Go to Q.10</i></p> <p>02 <input type="checkbox"/> Own farm or ranch or other agricultural activity</p> <p>03 <input type="checkbox"/> In forestry or lumbering</p> <p>04 <input type="checkbox"/> In mining or quarrying</p> <p>05 <input type="checkbox"/> In construction</p> <p>06 <input type="checkbox"/> In manufacturing</p> <p>07 <input type="checkbox"/> In wholesale and/or retail</p> <p>08 <input type="checkbox"/> In utilities — telephone, electric, gas, etc.</p> <p>09 <input type="checkbox"/> In services — hotel, automobile repair, laundry, etc.</p> | <p style="text-align: right;"><b>17</b></p> <p>10 <input type="checkbox"/> For-hire transportation — Includes trucking services known as drayage, local cartage, household goods movers, common or contract motor carriers, commercial motor carriers, leased with driver, "owner-operators" under lease or contract.</p> <p><i>If "For-hire" transportation has been checked, mark (X) one box below:</i></p> <p>Is this service under an Interstate Commerce Commission authorization (either granted or pending)?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>11 <input type="checkbox"/> Other — <i>If none of the above applies to the use you make of the vehicle, describe the main use of the vehicle here. If a product is hauled, answer Q.8 next. If this is a service type vehicle, go to Q.10</i></p> |
|--|--|

**8. PRINCIPAL PRODUCTS CARRIED**

Please mark (X) box which indicates product usually carried by this vehicle.

- |   |  |
|---|--|
| <p>01 <input type="checkbox"/> Farm products (fruit, grain, livestock, meat, poultry, dairy products, etc.)</p> <p>02 <input type="checkbox"/> Processed foods, beverages and tobacco</p> <p>03 <input type="checkbox"/> Primary metal products (ingot, billets, pipes, sheets, etc.)</p> <p>04 <input type="checkbox"/> Machinery or allied products</p> <p>05 <input type="checkbox"/> Transportation equipment (motor vehicles, trailers, boats, motorcycles, etc.)</p> <p>06 <input type="checkbox"/> Building materials (lumber, millwork, etc.)</p> | <p>07 <input type="checkbox"/> Furniture, household appliances, or hardware</p> <p>08 <input type="checkbox"/> Chemicals, rubber, plastics or related products (including drugs, paints, fertilizers, etc.)</p> <p>09 <input type="checkbox"/> Petroleum or petroleum products</p> <p>10 <input type="checkbox"/> Scrap, refuse and garbage</p> <p>11 <input type="checkbox"/> Mixed cargos</p> <p>12 <input type="checkbox"/> No products (used for repair, cranes, compressors, etc.) — <i>Go to Q.10</i></p> <p>13 <input type="checkbox"/> Other — <i>Describe</i> _____</p> |
|---|--|

**9. ROUND-TRIP LOAD**

On a round-trip basis, how does the truck or combination usually move? (Mark (X) one box only)

- 1 ☐ Loaded in one direction, but returns empty (or almost empty) in the other direction
- 2 ☐ Loaded in both directions
- 3 ☐ Other — *Describe* \_\_\_\_\_

**10. VEHICLE MILES**

Please give speedometer (odometer) reading or if not indicated by speedometer, give your best estimate.

What were the total miles this vehicle was driven during the past 12 months and the total miles driven since new?

(If vehicle was idle for the year enter "None")

- a. Total miles driven during past 12 months (If less than 12 months, estimate probable miles for year.) . . .
- b. Total miles this vehicle has been driven since new . . . . .

Miles
21
22

**11. GROSS VEHICLE WEIGHT**

Mark (X) one box that is nearest the total weight of this truck or combination when loaded to full capacity (gross vehicle weight in pounds).

- |  |  |
|--|--|
| 01 <input type="checkbox"/> Less than 6,000  | 06 <input type="checkbox"/> 32,001 to 40,000 |
| 02 <input type="checkbox"/> 6,000 to 10,000  | 07 <input type="checkbox"/> 40,001 to 50,000 |
| 03 <input type="checkbox"/> 10,001 to 19,500 | 08 <input type="checkbox"/> 50,001 to 60,000 |
| 04 <input type="checkbox"/> 19,501 to 26,000 | 09 <input type="checkbox"/> 60,001 to 70,000 |
| 05 <input type="checkbox"/> 26,001 to 32,000 | 10 <input type="checkbox"/> 70,001 and over  |

**12. BODY TYPE - PICKUP AND PANEL TRUCKS**

a. Does this truck have a pickup or panel body?

1 ☐ No - Go to Q.132 ☐ Yes - Mark (X) the box in front of illustration of type and answer "b" and "c"1 ☐ Pickup truck2 ☐ Panel truck

b. Does this pickup or panel truck have 4-wheel drive?

1 ☐ Yes2 ☐ No

c. Is this pickup or panel truck equipped with a camper body or other special camping equipment?

1 ☐ Yes2 ☐ No

Sign certification on page 4 and return questionnaire

**13. TYPE AND SIZE OF BODY (other than pickup or panel)**

Mark (X) ONE box to describe the type of body of the truck or combination. If the power unit is a truck-tractor, report body type of the combination most frequently used with the power unit.

**Body type**

- 01 ☐ Multi-stop or walk-in  
 02 ☐ Platform, stake, grain, flatbed or other platform type (with or without dumping device) including low bed and depressed center  
 03 ☐ Cattle rack (hogs, calves, and other livestock)  
 04 ☐ Insulated non-refrigerated van  
 05 ☐ Insulated refrigerated van  
 06 ☐ Furniture van  
 07 ☐ Open top van  
 08 ☐ All other enclosed vans  
 09 ☐ Beverage

- 10 ☐ Garbage or refuse collector  
 11 ☐ Winch or crane, other than wrecker  
 12 ☐ Wrecker  
 13 ☐ Pole or logging  
 14 ☐ Auto transport  
 15 ☐ Utility (body equipped for mobile repair and service, e.g., telephone line truck, electrical utility, etc.)

20 ☐ Dump truck or combination30 ☐ Tank truck or combination (for liquids)40 ☐ Tank truck or combination (for dry bulk)50 ☐ Concrete mixer60 ☐ Other body types - (If the above descriptions do not satisfactorily describe your vehicle, please enter identifying body type and size (or capacity).)

Mark (X) ONE box to indicate length of load space or capacity for all types except garbage or refuse collector, winch or crane, wrecker, pole or logging, auto transport and utility.

**Body size****Length of load space (feet)**

- 01 ☐ Under 10  
 02 ☐ 10 and less than 13  
 03 ☐ 13 and less than 16  
 04 ☐ 16 and less than 20  
 05 ☐ 20 and less than 28  
 06 ☐ 28 and less than 36  
 07 ☐ 36 and less than 41  
 08 ☐ 41 or more

Do not specify body size for these types.

Capacity of dump (water level without side boards) (cubic yards)

- 09 ☐ Under 5    11 ☐ 7 to 9.9    13 ☐ 15 to 19.9  
 10 ☐ 5 to 6.9    12 ☐ 10 to 14.9    14 ☐ 20 or more

Liquid capacity of tank (gallons)









- 15 ☐ Less than 1,000    19 ☐ 4,000 to 5,999  
 16 ☐ 1,000 to 1,999    20 ☐ 6,000 to 7,999  
 17 ☐ 2,000 to 2,999    21 ☐ 8,000 to 11,999  
 18 ☐ 3,000 to 3,999    22 ☐ 12,000 or more

Dry bulk capacity (cubic feet)

- 23 ☐ Less than 300    26 ☐ 900 to 1,199  
 24 ☐ 300 to 599    27 ☐ 1,200 to 1,499  
 25 ☐ 600 to 899    28 ☐ 1,500 or more

Capacity of mixer (cubic yards)

- 29 ☐ Less than 6    31 ☐ 7 to 7.9    33 ☐ 10 to 11.9  
 30 ☐ 6 to 6.9    32 ☐ 8 to 9.9    34 ☐ 12 or over

<b>14. VEHICLE TYPE</b> <span style="float: right;">30</span> Is this vehicle a single unit truck or is it a truck-tractor? 1 <input type="checkbox"/> Single unit truck      2 <input type="checkbox"/> Truck-tractor									
<b>15. AXLE ARRANGEMENT</b> <span style="float: right;">31</span> Please mark (X) the box that illustrates the axle arrangement of this truck or truck-tractor with the trailing unit most frequently used with the power unit.	<b>16. POWERED AXLES</b> <span style="float: right;">34</span> How many driving (powered) axles does this vehicle have? (Report tandem axles as two axles.) 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four or more								
1. <input type="checkbox"/>  2. <input type="checkbox"/>  3. <input type="checkbox"/>  4. <input type="checkbox"/>  5. <input type="checkbox"/>  6. <input type="checkbox"/>  7. <input type="checkbox"/>  8. <input type="checkbox"/> 	<b>17. TYPE OF FUEL</b> <span style="float: right;">35</span> What type of fuel is used with this vehicle? 1 <input type="checkbox"/> Gasoline 2 <input type="checkbox"/> Diesel 3 <input type="checkbox"/> LPG								
If none of the above applies, please indicate total number of axles on:  <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Truck or truck-tractor .....</td> <td style="border: none; text-align: center;">Total axles</td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; width: 50px; text-align: center;">32</td> </tr> <tr> <td style="border: none;">Trailing unit(s) .....</td> <td style="border: none; text-align: center;">Total axles</td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; width: 50px; text-align: center;">33</td> </tr> </table>	Truck or truck-tractor .....	Total axles		32	Trailing unit(s) .....	Total axles		33	<b>18. AREA OF OPERATION</b> <span style="float: right;">36</span> Where is vehicle mostly operated? Mark (X) one box only 1 <input type="checkbox"/> Mostly in the local area (in or around the city and suburbs, or within a short distance of the farm, factory, mine, or place vehicle is stationed). 2 <input type="checkbox"/> Mostly over-the-road (beyond the local area) but usually not more than 200 miles one way to the most distant stop from the place vehicle is stationed. 3 <input type="checkbox"/> Mostly over-the-road trips that usually are more than 200 miles one way to the most distant stop from place the vehicle is stationed.
Truck or truck-tractor .....	Total axles								
	32								
Trailing unit(s) .....	Total axles								
	33								
<b>19. MAINTENANCE</b> <span style="float: right;">37</span> When major repairs are needed on this vehicle, are they usually done by: 1 <input type="checkbox"/> Yourself? 2 <input type="checkbox"/> Truck dealer or factory branch? 3 <input type="checkbox"/> Own repair shop (set up specifically for maintenance)? 4 <input type="checkbox"/> Independent garage? 5 <input type="checkbox"/> Other? - Describe _____									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Name of person to contact regarding this report</td> <td style="width: 30%; padding: 5px;">Address (Number and street, city, State, ZIP code)</td> <td style="width: 30%; padding: 5px;">Telephone (Include area code, number, ext.)</td> </tr> </table>		Name of person to contact regarding this report	Address (Number and street, city, State, ZIP code)	Telephone (Include area code, number, ext.)					
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<b>CERTIFICATION</b> - This report is substantially accurate and has been prepared in accordance with instructions.									
Signature of authorized official	Title	Date							